

# CHOOSE RESPECT 2019

**Sunday, April 7, 2019**

**11:45am—5:30pm**

**Meet at the Activity Center  
at Bohrer Park at 11:45am**

**506 S Frederick Ave  
Gaithersburg, MD 20877**

*Transportation is provided to/from the  
event at Richard Montgomery HS*

**GYC Members,  
Student Union,  
& Forever Sisters  
(Grades 6-12)**

Maura Dinwiddie, 301-258-6350  
Maura.Dinwiddie@gaithersburgmd.gov  
506 S Frederick Ave., Gaithersburg MD 20877



**Choose  
Respect  
Montgomery**

**SSL Hours! Raffles! Pizza!**

Learn about teen dating violence prevention,  
where to get help, and how to help a friend.

**Pre-registration is preferred:**

[www.montgomerycountymd.gov/fjc/chooserespect/](http://www.montgomerycountymd.gov/fjc/chooserespect/)

## Choose Respect 4.7.19

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City Resident ☐ Nonresident ☐  
Email \_\_\_\_\_

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			Choose Respect	ACBP		
			Choose Respect	ACBP		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐  
Please specify: \_\_\_\_\_

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ \_\_\_\_\_ n/a \_\_\_\_\_ Cash ☐ Check # \_\_\_\_\_  
Visa/MC/Disc/Amex# \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
Signature (name on card) \_\_\_\_\_  
Print Name \_\_\_\_\_

**Office Use Only: fwd to Maura**

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F Resident: Y N

Pr: \_\_\_\_\_ Date: \_\_\_\_\_